



PATENT
010500DIV2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Richard D. McCullough et al.

TITLE: POLYTHIOPHENES, BLOCK
COPOLYMERS MADE
THEREFROM AND METHODS
OF FORMING THE SAME

Serial No.: 10/634,035

Art Unit: 1711

Filing Date: August 4, 2003

Examiner: Rachel F. Gorr

Attorney Docket: 010500DIV2

RESPONSE AND AMENDMENT

Pittsburgh PA
August 13, 2004

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a response to the Office Action for the above-referenced application mailed May 13, 2004, having a shortened statutory period set to expire August 13, 2004. Please amend the application as follows.

PI-1223191 v1

08/17/2004 W8BDELRI 00000018 10634035

01 FC:2201

86.00 DP

08/25/2004 ASELLMAN 00000006 111110 10634035

01 FC:1201

86.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10634035

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	76	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	76 minus 20 =	* 56
INDEPENDENT CLAIMS	-7 minus 3 =	* 24
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

08/13/04

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT A					
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	* 36	Minus	** 76	= 0
	Independent	* 9	Minus	*** 17	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT B					
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT C					
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	375.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	750.00
X\$18=	567
X84=	168
+280=	
TOTAL	1049

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	172
+280=	
TOTAL ADDIT. FEE	172

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	